

Name: YESCARE CORP  
 ility Beginning Date: 2022-01-31  
 Status: **Active**  
 onal Type: TEXAS PROFIT CORPORATION  
 e, Secretary of State (SOS) File Number  
 rmination: TX  
 Harris  
 A File Number: 0804426741  
 er Date: 2022-01-31  
 s Date: 2022-01-31  
 s: Active

VIVID EV LLC

FREEHILL MIRAMAR GEORGETOWN, LP

PBC TOMBALL GP, LLC

PBC TOMBALL LLC

SANTOS REAL ESTATE VENTURE I, LLC

MCRT GEORGETOWN TX LLC

GEORGETOWN JV HOLDING LLC

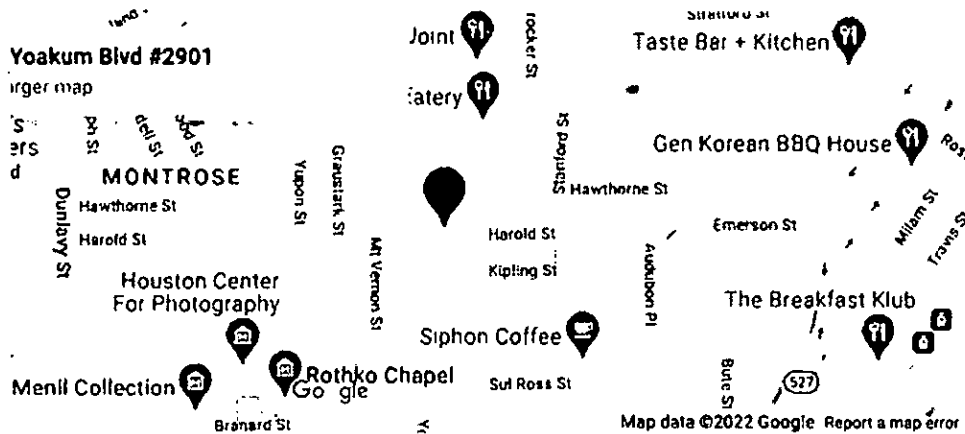
GEORGETOWN JV OWNER LP

FERROUS METAL TRANSFER CO.

Added: 2022-02-17 16:00 Updated: 2022-02-17 16:00

## Registered Office Address

Address: 3411 YOAKUM BLVD APT 2901, HOUSTON, TX 77006



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ts

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sample.com

EXHIBIT

A

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As the correctional healthcare pioneer and leader for 40 years, YesCare provides client partners with high quality healthcare and reentry services that will improve the health and safety of our patients, break the cycle of recidivism and better the communities where we live and work.

\*YesCare acquired all of the employees and active contracts of Corizon Health in early 2022.

#### Quick Links

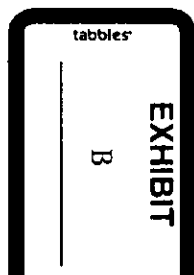
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[Claims](#)  
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#### Contact

Job Inquiries  
800-989-7471  
[careers@yescarecorp.com](mailto:careers@yescarecorp.com)

Media Inquiries  
[media@yescarecorp.com](mailto:media@yescarecorp.com)

Business Development:  
[clientservices@yescarecorp.com](mailto:clientservices@yescarecorp.com)



SITE: WCI

COMPLETED BY: Burnice L. Swan, RN 07/24/2021 12:55 PM

Patient Name: DAVID ROSE

IDOC#: 295681

DOB: 10/19/1974

---

 Patient presenting with chief complaint(s) of: eye complaint.

**MISCELLANEOUS AND OTHER COMPLAINTS**


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**Subjective:**

Associated symptoms: Pt reports right red eye, increasing feeling of pressure and vision loss to right eye.

**Objective:**

Physical Examination Findings

Right eye appears red and painful. Pt is unable to look at light without squint.

**Assessment:**

alteration in senses—eye

**Plan:** Called and spoke with J.Clark NP to discuss patient. Alerted her of condition and change in vision.
**MEDICATIONS**

<u>Brand Name</u>	<u>Dose</u>	<u>Sig Codes</u>	<u>Start Date</u>	<u>Stop Date</u>
Norvir	100 Mg	1 po QD	06/04/2021	10/04/2021
Prezista	400 Mg	Tab 2 PO QD	06/04/2021	10/04/2021
Lipitor	10 Mg	1 PO HS	06/04/2021	10/04/2021
Zyrtec	10 Mg	1 PO Q am	06/04/2021	10/04/2021
Truvada	200 Mg-300 Mg	1 PO Q am	06/04/2021	10/04/2021

**ORDERS****EXHIBIT**

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completed  
completed  
completed

Physician contacted for treatment and orders

Medication allergies and other contraindications reviewed and pregnancy ruled out prior to treatment  
Sick call if signs and symptoms of infection develop or symptoms do not subside

**Provider: Asresahegn Getachew, MD**

**Document generated by: Burnice L. Swan, RN 07/24/2021 12:59 PM**

refer to  
and

Department of Public Safety and Correctional Services  
Optometry Initial Eye Examination Form

Chief Complaint:

~~cannot see out of right eye / corrections~~ distance + near 1-2 months ago

Date: 8/2/2021

Age: 46

Sex: M / F

Race: A A

Seg:

P.D. 69

HISTORY:

head cut by 20 yrs old, thinks the lens has fallen, was painful using  
did not see AMD

- Symptoms / onset
- Location
- Quality / Severity
- Duration / Timing
- Context / Modifiers

Retinal Picture Yes / No

D.M. I [ ] II [ ]

Glaucoma

HTN

HIV / AIDS

Cholesterol

DS 6P A 20/ 20/ 30  
SC OS 20/ 30  
Externals / Other

near OD 20/400  
SC OS 20/25

Old Rx OD +1.75

OS plano

Va 20/ 20/ 20/

IOP @	OD
NCT	
GOLDMANN/Tonopen	OS

Subjective

OD

OS

V<sub>A</sub>

20/

20/

Pupils PERRL

Mood / Orientation

EOMS

Cover / CVF

Dilation @

0.5% Tropicamide

1% Tropicamide

2.5% Phenylephrine

Final Rx

OD

OS

SLE:

OD

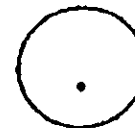
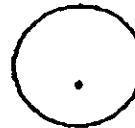
ADD

V<sub>A</sub>

20/

20/

OS



over angles  
Anisocoria open  
Lashes  
Lids  
Conjunctiva  
Cornea  
A/C  
Iris  
Lens  
No IOL

C/D

cup

vessels

macula

OD	0.3	2/3	E-Mus	flat
OS	0.3	2/3	E-Mus	flat

Assessment: subluxated lens

refer to and to follow

Plan:

F/U:

after

Date:

Codes:

Patient's Last, First Name:

Rose, David

Facility:

NBCI

Date of Birth:

10-10-74

SID / DOC #:

295681

Provider:

[Signature]

DPSCS Form OTS 130-130-1 (Rev. 4/16)

EXHIBIT

D

## DEPARTMENT OF PUBLIC SAFETY &amp; CORRECTIONAL SERVICES

## SICK CALL REQUEST/ENCOUNTER FORM

## DIRECTIONS:



Section I to be completed by Inmate/Detainee  
Section II to be completed by Healthcare Staff

Inmate must state specific reason for requesting  
Medical/Dental/Mental Health services.

MEDICAL IMAGE

SIGNATURE

DATE/TIME

VERIFICATION SIGNATURE (DATE REC'D)

## SECTION I: TO BE COMPLETED BY INMATE/DETAINEE

Name: DAVID ROSE DOC/SID# 295481 Cell#: 4-A-55 Facility: NRCT  
Allergies: \_\_\_\_\_ Date: 8-7-21

## SICK CALL RELATED ISSUES

State your problem. / How can we help you? (Please be specific): ☐ Medication not Received.

my eye still hurts, red, sore, irritated when the air hits it and  
when I move it. it feels like something is poking my eye in the back  
the white drops and ointment aren't doing anything.

A. Where does it hurt? Right eye, red, irritated in the eye, sore, and sometimes it  
B. When did it start on 7/4/21  
C. Has it happened before? NO How often? \_\_\_\_\_

## NON - SICK CALL RELATED ISSUES

- ☐ Medical Records Request ☐ Other (Specify below)  
☐ Medication Refill  
☐ Eye Glass Repair Request  
☐ Work Clearance Request  
☐ Dental Exam/Filling/Denture Request

PLACE MED REFILL  
STICKER HERE

PLACE MED REFILL  
STICKER HERE

PLACE MED REFILL  
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PLACE MED REFILL  
STICKER HERE

## SECTION II: TO BE COMPLETED BY HEALTHCARE PERSONNEL

Healthcare Encounter Documented In EPHR  
Comments: Seen in CC

Q. Gernew, MD/PA  
PROVIDER

9/9/23 0925  
DATE/TIME

SICK CALL REQUEST / ENCOUNTER  
FORM FORWARDED TO:

- ☐ DENTAL  
☐ MENTAL HEALTH  
☐ MEDICAL RECORDS  
☐ OTHER (Specify): \_\_\_\_\_

DATE / TIME SENT

DATE / TIME RECEIVED

SIGNATURE

SIGNATURE

RESPONSE TO INMATE/DETAINEE:

DPSCS Form OTS 130-114-1

EXHIBIT

E



Department of Public Safety and Correctional Services  
Ophthalmology Visit

Inmate's Last, First Name <u>ROSE David</u>	SID/DOC# <u>295681</u>	Facility <u>NBCI</u>
Referring Dr.	PCP	<input type="checkbox"/> Initial Consultation <input checked="" type="checkbox"/> Follow-Up

## Chief Complaint:

HPI: 46 y/o old by traumatic cataract "  
- 2 months ago, "went blind" in OD - looks "out of focus"  
feels like lens fell out of place. For the past month,  
or red, watery and open it.

Ocular Meds: pilocarpine qhs OD; RBS w/ OD. 7 no sig. lense.  
Systemic Meds: 11/11 marks

Allergies		Oriented x3: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
VSC <u>20</u> <u>10</u>	W	A	Mood <u>15</u> Time <u>9:35 AM</u>
VCC	M	Rx	<u>14</u>

## Physical Exam:

		NL	AB	Description of Abnormalities
Confrontation of VF				
Motility				
External & Adnexa				
Pupils				
Conjunctiva				
Cornea				
Anterior Chamber				
Iris				
Lens				
Fundus:	Disc			
Dilated	Vessels			
0.1% Myd	Macula			
0.2% Neo 9:30	Periphery			
Tech	Vitreous			

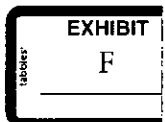
3+ conj hyperemia OD  
K edema OD  
optic visible through  
Appt - endo pigment  
white haptic  
trachea endotracheal  
poor dilation;  
0.1% Myd OD

## IMPRESSION / PLAN

Subluxed 3-piece IOL & K decompensation OD

☐ Amalar Grid ☒ OS/10A10/2P Control ☐ Surgery R/S/A Discussed ☒ Discussed signs/symptoms retinal tears and detachment in detail  
Return: next clinic days / weeks / mos / years / PRN Signature: [Signature] Date: 8/20/21

DPSCS Form OTS 130-130 2



## CONSULTATION

**SITE: NBCI**

**COMPLETED BY: Amy Green-Simms, MD 08/20/2021 10:53 AM**

**Patient: DAVID ROSE  
0/19/1974**

**ID#: 295681**

**DOB: 1**

Off-site  
Urgent  
10:53 AM

Reference #:  
Date of Request: 08/20/2021

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.);  
Maryland DPSCS

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

**Procedure/Test Requested: Wilmer eye general ophthalmology clinic**

**Signs & Symptoms:**

**Date of Onset:**

46 yr old man with HIV and subluxed 3-piece IOL in the right eye with haptic through pupil, abrading endothelium and causing corneal decompensation x 2 months. Please eval for surgical repair with sutured IOL, right eye. Vision = hand motion at 6 feet in the right eye; 20/40 left eye.

**Site Medical Provider: Amy Green-Simms MD 08/20/2021**

**Copy this form and paste in an email and send form to designated reviewer**

**(For UM use only)**

**Criteria Source: M & R Interqual Other**  
**Criteria met: Yes No Deferred**

**Reviewer comments:**

tabbies	<b>EXHIBIT</b>
	G

**Recommendation for visit appointment:**

**# Visits:**

**NAME: ROSE, DAVID BERNARD  
NUMBER: 295681  
D.O.B.: 10/19/1974**



## CONSULTATION

---

**SITE: NBCI**

**COMPLETED BY: Amy Green-Simms, MD      08/20/2021 10:53 AM**

**UM Review #:**

**Reviewer Name:**

**Date Reviewed:**

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.*

NAME: ROSE, DAVID BERNARD  
NUMBER: 295681  
D.O.B.: 10/19/1974

**SITE: NCI**  
**COMPLETED BY: Burnice L. Swan, RN 08/27/2021 7:18 AM**

**Patient Name: DAVID ROSE**

**IDOC#: 295681**

**DOB: 10/19/1974**

**Patient presenting with chief complaint(s) of: eye issues.**

**Vital Signs:**

Date	Time	Temp	Pulse	Pattern	Resp	Pattern	BP	Sp O2	Peak Flow
08/27/2021	1:12 PM	97.4	72		18		140/88	97	

**MISCELLANEOUS AND OTHER COMPLAINTS**

**Subjective:**

Associated symptoms: Pt saw optometry and was told to wear and eye patch after instilling prescribed drops

**Objective:**

Physical Examination Findings

Pt was not given eye patch. Provided

**Assessment:**

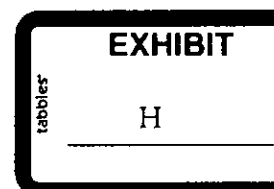
alteration in comfort

**Plan:**

**MEDICATIONS**

Brand Name	Dose	Sig Codes	Start Date	Stop Date
Atropine Sulfate	1 %	daily od	08/20/2021	11/20/2021
Prezista	400 Mg	Tab 2 PO QD	06/04/2021	10/04/2021
Norvir	100 Mg	1 po QD	06/04/2021	10/04/2021
Lipitor	10 Mg	1 PO HS	06/04/2021	10/04/2021
Zyrtec	10 Mg	1 PO Q am	06/04/2021	10/04/2021
Truvada	200 Mg-300 Mg	1 PO Q am	06/04/2021	10/04/2021

**ORDERS**



completed  
completed  
completed

implications and risks and other consequences of the proposed and/or required treatment  
Sick call if signs and symptoms of infection develop or symptoms do not subside  
(Miscellaneous) Patient education provided. Patient voiced understanding.

Provider: Asresahegn Getachew, MD

Document generated by: Burnice L. Swan, RN-08/27/2021-1:26 PM

295681 8/20/21

## Johns Hopkins Hospital

<b>ROSE, DAVID</b>		MRN JH34638696	Gender M	DOB 1974-10-19
Phone (301)729-7112	SSN	Account #	Patient Class	Attending 213219 SEZEN KARAKUS
Admitted		Discharged		

Admitting:

Primary Care:

Referring:

Consulting:

## Problems

Date	Code	Description	Type
No Records to Display			

## Report Information

Report ID:	Progress Notes (Transcription)	Status:	Final
a5b07dc2-971e-b151-f07f-4e4f30a3d2af	Ordered By. 213219 SEZEN KARAKUS	Ordered/Requested On:	
Result Report/Status Change:	Ordered by Physician ID:	Body Site:	
Collected On:	Priority:	Specimen Source:	
Copy To	Received On:	Interpreter:	
Observed On 2021-09-16			

## Narrative

## Problem List Items Addressed This Visit

Eye/Vision problems

Dislocated IOL (Intraocular lens) - Primary

## Overview

9/16/2021 - First Wilmer Eval

Notes remote hx of "scratch" to right eye in childhood &amp; 10 years old, denies this eye being "weak eye".

He does not know when he developed cataract right eye but notes it was removed

2010 (Dr. Summerfield (Bon Secour)) and reports uncomplicated surgery

Initial complaints right eye started 6/2021, treated with mydriatic agents

UBM 9/16/2021 shows posterior displaced IOL with highly reflective opacities overlying the Intraocular lens OD.

IOL calcs show similar AL both eyes

## Current Assessment and Plan

PT presents with reported dislocated IOL. On exam the capsule appears broken

inferiorly, the IOL is visible in inferior periphery of retina. No obvious

retinal detachment or tear visible. Vision can be improved with high power +

lens

-- Will discuss with retina + anterior segment to plan for IOL removal, PPV, sutured IOL

## Attending attestation

I have reviewed the resident's note related to this encounter, and I agree with

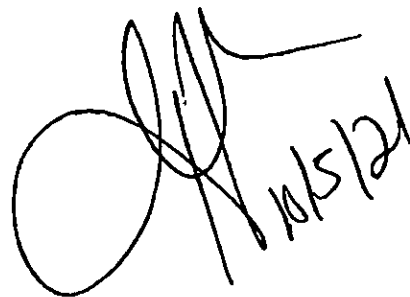
the documented findings and plan of care. I obtained history from the patient

and was present with the resident during the key portions of service on

9/16/2021. I personally examined the patient and revised plan of care related to

this encounter.

Sezen Karakus, M.D.



EXHIBIT

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Generated: 2021-10-04 14:11:40 By: Erica Lindner \* Times are displayed in Eastern Standard Time

This document contains private and confidential health information protected by state and federal law

## CONSULTATION

**SITE: NBCI**

**COMPLETED BY: Asresahegn Getachew, RMD 10/05/2021 7:16 PM**

**Patient: DAVID ROSE  
0/19/1974**

**ID#: 295681**

**DOB: 1**

Off-site

Reference #:

Date of Request: 10/05/2021

7:16 PM

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):  
Maryland DPSCS

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

---

**Procedure/Test Requested: Ophthalmology to remove dislocated IOL**

On October 4, 2021 patient was evaluated at Wilmer eye clinic. He was diagnosed with dislocated IOL, broken inferiorly. No retinal detachment. The ophthalmologist recommended removal of IOL, PPV and sutured IOL. I am submitting consult as per ophthalmologist recommendation

**Site Medical Provider: Asresahegn Getachew, MD 10/05/2021**

**Copy this form and paste in an email and send form to designated reviewer**

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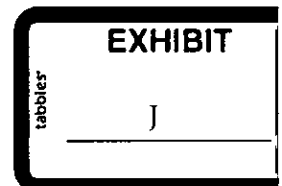
**(For UM use only)**

**Criteria Source: M & R Interqual Other**  
**Criteria met: Yes No Deferred**

**Reviewer comments:**

**Recommendation for visit appointment:**

**# Visits:**



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**NAME: ROSE, DAVID BERNARD  
NUMBER: 295681  
D.O.B.: 10/19/1974**

**CONSULTATION**

**SITE: NBCI**

**COMPLETED BY: Asresahegn Getachew, RMD 10/05/2021 7:16 PM**

**UM Review #:**

**Reviewer Name:**

**Date Reviewed:**

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.*

**NAME: ROSE, DAVID BERNARD  
NUMBER: 295681  
D.O.B.: 10/19/1974**

## CONSULTATION

**SITE: NBCI**

**COMPLETED BY: Asresahegn Getachew, RMD 10/28/2021 12:53 PM**

**Patient: DAVID ROSE  
0/19/1974**

**ID#: 295681**

**DOB: 1**

Off-site

Reference #:

Date of Request: 10/28/2021

12:53 PM

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):  
Maryland DPSCS

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

---

**Procedure/Test Requested: Ophthalmologist eval at wilmer eye clinic**

I spoke with Dr.Sabharwal ophthalmologist from Wilmer eye clinic and he said the would like to see the patient to do some studies on his eye before he is scheduled for surgery.

I am submitting consult for ophthalmology evaluation before his eye surgery.

On October 4, 2021 patient was evaluated at Wilmer eye clinic. He was diagnosed with dislocated IOL, broken inferiorly. No retinal detachment. The ophthalmologist recommended removal of IOL, PPV and sutured IOL. I am submitting consult as per ophthalmologist recommendation

**Site Medical Provider: Asresahegn Getachew, MD 10/28/2021**

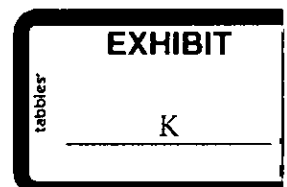
**Copy this form and paste in an email and send form to designated reviewer**

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**(For UM use only)**

**Criteria Source: M & R      Interqual      Other**  
**Criteria met: Yes      No      Deferred**

**Reviewer comments:**



**NAME: ROSE, DAVID BERNARD  
NUMBER: 295681  
D.O.B.: 10/19/1974**

## CONSULTATION

**SITE: NBCI**

**COMPLETED BY: Asresahegn Getachew, RMD**

**10/28/2021 12:53 PM**

**Recommendation for visit appointment:**

**# Visits:**

---

**UM Review #:**

**Reviewer Name:**

**Date Reviewed:**

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.*

**NAME: ROSE, DAVID BERNARD  
NUMBER: 295681  
D.O.B.: 10/19/1974**



OFFICE OF INMATE HEALTH SERVICES

SITE: NBCI

COMPLETED BY: Ernest K. Massalla, RN 11/24/2021 7:00 PM

---

PATIENT: DAVID ROSE  
DATE OF BIRTH: 10/19/1974  
DATE: November 24, 2021  
VISIT TYPE: Nurse Sick Call - Scheduled

---

Reason(s) for visit

1. eye patch

Nursing Comments

Patient alert and stable , denies any discomfort to his right eye, patch replaced.

Height and Weight

Vitals

Allergies

Allergen/Ingredient  
No Known Drug Allergies

Brand

Reaction:

Document generated by: Ernest K. Massalla, RN 11/24/2021 7:33 PM

EXHIBIT

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SITE: NBCI

COMPLETED BY: Lori Keister, LPN 12/08/2021 2:03 PM

PATIENT: DAVID ROSE  
 DATE OF BIRTH: 10/19/1974  
 DATE: December 08, 2021  
 VISIT TYPE: Chronic Care Nurse Prep

Reason(s) for visit

1. Assisted provider with CC telemedicine

Nursing Comments

Assisted provider with physical exam of patient. Verbal permission was given to be seen by provider via telemedicine. Pt ambulated steadily and independently into exam room. Pt is alert and oriented x 3, calm and cooperative with care. Lungs sound clear and no dyspnea is noted on exertion or at rest. Apical pulse is regular. Bowel sounds present in all 4 quads. Pt denies constipation, diarrhea, or difficulty urinating. Skin is warm, dry, and intact. No edema noted BLE.

Pt has been scheduled for eye surgery, but not until May of 2022. Optometrist sent email asking if it could be scheduled sooner. Off-site scheduler has been contacted about this issue. Pt will return in 90 days for next CC visit and lab work. No complaints voiced, other than his eye is becoming more painful.

Height and WeightVitalsAllergiesAllergen/IngredientBrandReaction:

No Known Drug Allergies

Document generated by: Lori Keister, LPN 12/08/2021 2:03 PM

EXHIBIT

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tabbies

SITE: WCI

COMPLETED BY: Sue Brant, RN 03/15/2022 12:25 PM

PATIENT: DAVID ROSE  
 DATE OF BIRTH: 10/19/1974  
 DATE: March 15, 2022  
 VISIT TYPE: Chronic Care Nurse Prep

Reason(s) for visit

1. CCC with RMD via Telemedicine

Nursing Comments

Patient seen today via Telemedicine with RMD for chronic care visit. He verbally agrees to be seen via Telemedicine. He walked in to exam room without difficulty. Able to stand on scale for weight without difficulty. He is pleasant.

AAOx3. Patient has hx of intraocular lens in right eye, is wearing eye patch today. He is requesting a new eye patch to replace the current one which he states is worn out. He is awaiting surgery on his eye at Johns Hopkins.

Skin w/d

Color good

Denies chest pain or shortness of breath. Lungs CTA, heart sounds regular.

Abdomen soft with bowel sounds present. He denies difficulty with bowel or bladder.

Pedal pulses present. There is no lower extremity edema present.

Plan:

Provider requesting IC nurse to contact ID specialist to consider change in regimen or medications. IC nurse contacted by this writer and discussed above.

Follow up chronic care in 90 days.

Height and Weight

Date	Height Ft	Height In	Height Cm	Weight Lb	Weight Kg
03/15/2022	5.0	8.0		182.0	

Vitals

Time	Ht Ft	Ht In	Height Method	Wt Lb	Wt Kg	Weight Context	BMI
12:25 PM	5.0	8.0	carried forward	182.0		dressed with shoes	27.67

Time	Temp	Route	BP	Position	Site	Method	Cuff	Pulse	Pattern
12:25 PM	97.8		119/81	sitting	left arm	automatic	large	64	regular

Time	Resp	PulseOx	PulseOxAmb	Timing	PeakFlow	Timing	Method
12:25 PM	18	98					

AllergiesAllergen/IngredientBrandReaction:

No Known Drug Allergies

Document generated by: Sue Brant, RN 03/15/2022 12:27 PM

EXHIBIT

N

tabbies

**SITE: NBCI**

**COMPLETED BY: Lori Keister, LPN 03/18/2022 9:39 AM**

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**PATIENT: DAVID ROSE**  
**DATE OF BIRTH: 10/19/1974**  
**DATE: March 18, 2022**  
**VISIT TYPE: Chart Update**

---

**Reason(s) for visit**

**1. medical supplies**

**Nursing Comments**

Pt was given new eye patch and disposable eye pads for replacement of his old one.

**Height and Weight**

**Vitals**

**Allergies**

**Allergen/Ingredient**

No Known Drug Allergies

**Brand**

**Reaction:**

**Document generated by: Lori Keister, LPN 03/18/2022 9:40 AM**

**EXHIBIT**

**0**

tabbles

**SITE: NBCI**

**COMPLETED BY: Ernest K. Massalla, RN 03/21/2022 7:04 AM**

---

**PATIENT: DAVID ROSE**  
**DATE OF BIRTH: 10/19/1974**  
**DATE: March 21, 2022**  
**VISIT TYPE: Nurse Sick Call - Scheduled**

---

**Reason(s) for visit**

**1. follow up eye surgery**

**Nursing Comments**

**Issues resolved.**

**Height and Weight**

**Vitals**

**Allergies**

**Allergen/Ingredient**  
**No Known Drug Allergies**

**Brand**

**Reaction:**

**Document generated by: Ernest K. Massalla, RN 03/21/2022 8:13 PM**

**EXHIBIT**

**P**

tabbles

## Johns Hopkins Hospital

<b>ROSE, DAVID</b>		MRN JH34838696	Gender M	DOB 1974-10-19
Phone (301)729-7392	SSN	Account #	Patient Class	Attending 845627 EVERARDO HERNANDEZ-QUINTELA
				Admitted
				Discharged

Admitting:

Primary Care:

Referring:

Consulting:

## Problems

Date	Code	Description	Type
No Records to Display			

## Report Information

## Progress Notes (Transcription)

Status:

Final

Report ID:	c5d301f7-ac2d-949a-8a48-d5c832cca74a	Ordered By:	845627 EVERARDO HERNANDEZ-QUINTELA	Ordered/Requested On:
Result Report/Status Change:	2022-05-02	Ordered by Physician ID:		Body Site:
Collected On:		Priority:		Specimen Source:
Copy To:		Received On:		Interpreter:
Observed On:	2022-05-02			

## Narrative

## Problem List Items Addressed This Visit

## Other

## Dislocated IOL (Intraocular lens)

## Overview

9/16/2021 - First Wilmer Eval

Notes remote hx of "scratch" to right eye in childhood &amp; 10 years old, denies

this eye being "weak eye".

He does not know when he developed cataract right eye but notes it was removed

2010 (Dr. Summerfield (Bon Secour)) and reports uncomplicated surgery

Initial complaints right eye started 6/2021, treated with mydriatic agents

UBM 9/16/2021 shows posterior displaced IOL with highly reflective opacities

overlying the intraocular lens OD.

IOL calcs show similar AL both eyes

Current Assessment and Plan

Stable, dislocated IOL in left eye

No visible retinal detachment

Commented with Retina Fellow who recommends next available appointment with GES

Retina

EXHIBIT

Q

**CONSULTATION****SITE: NBCI****COMPLETED BY: Adane T. Negussie, PA 05/17/2022 4:22 PM****NEXTGEN**  
HEALTHCARE INFORMATION SYSTEMS

PATIENT	DAVID BERNARD ROSE
DATE OF BIRTH	Patient DOB: 10/19/1974
DOC #	295681
DATE	05/17/2022 4:22 PM
VISIT TYPE	Provider Visit-scheduled

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

**Consultation Orders**

Visit Location	Request Type	Site	Outpatient Date	Release Date	Cost Center	Incarceration Date
----------------	--------------	------	-----------------	--------------	-------------	--------------------

Off-site      Routine

Phone	Fax	Action Requested	Action Requested 2	Responsible Party	Service Type	Provider
		GES Retina	Wilmer Eye Clinic / Ophthalmology			

Visit Type	Follow Up #	Multiple Visit	Med Provider	Provider Date	Med Director	Director Date
F/U	3	Tx				

# Treatments	Exam Data/Objective Findings	Proceed w Service	Alternative Treatment Plan
	This is a 47yo AAM with pmhx of HLD, Chronic Rhinitis, HIV+ over 17yrs now on Bictarvy who presents for scheduled provider visit. On 05/02/2022 he was evaluated by Wilmer Eye at JHH and was found to have stable dislocated IOL (intraocular lens) in the right eye. No visible retinal detachment. Recommended to schedule with GES Retina. Visual Acuity on the left is 20/20 using Snellen Eye Chart. Right eye is blurred, only sees shadow. Will generate consult.	N	N

Diagnosis 1	Code 1	Status 1	Diagnosis 2	Code 2	Status 2
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**EXHIBIT**

R

**CONSULTATION****SITE: NBCI****COMPLETED BY: Adane T. Negussie, PA 05/17/2022 4:22 PM**

Diagnosis 3	Code 3	Status 3	Diagnosis 4	Code 4	Status 4
Onset Date	Signs and Symptoms		Lab & Xray Data	Failed Outpatient Therapy	
	<p>This is a 47yo AAM with pmhx of HLD, Chronic Rhinitis, HIV+ over 17yrs now on Bictarvy who presents for scheduled provider visit. On 05/02/2022 he was evaluated by Wilmer Eye at JHH and was found to have stable dislocated IOL (intraocular lens) in the right eye. No visible retinal detachment. Recommended to schedule with GES Retina. Visual Acuity on the left is 20/20 using Snellen Eye Chart. Right eye is blurred, only sees shadow. Will generate consult.</p>				

**Utilization Management**

M&R	Interqual	Other	Other Source	Visit Appt	Criteria Met	Rec. # Visits
N	N	N			Pending	
Notes			UM Review #	Reviewer Name	Reviewer Date	

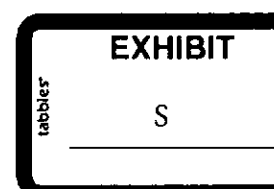
**Medications**

Medications (active prior to today)

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
Lipitor 10 mg tablet	take one by mouth at bedtime	03/15/2022	07/15/2022	05/29/2014	N
Zyrtec 10 mg tablet	take one by mouth every morning	03/15/2022	07/15/2022	11/27/2019	N
Bictarvy 50 mg-200 mg-25 mg tablet	take 1 tablet by oral route every day	05/11/2022	09/07/2022		N

Provider: Adane Negussie, PA

Document generated by: Adane T. Negussie, PA 05/18/2022 01:06 PM





**CONSULTATION**

**SITE: NBCI**

**COMPLETED BY: Adane T. Negussie, PA      05/17/2022 4:22 PM**

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.*

**FACILITY: Maryland**

**SITE: THRESHOLD**

**COMPLETED BY: Sandra J. Boettinger, UMRN on 05/20/2022**

---

**Patient: DAVID ROSE**

**ID#: 295681**

**DOB: 10/19/1974**

**UM ATP 05/19/2022:** "ATP: Based on the information provided, medical necessity has not been demonstrated at this time. Consider on site ophthalmology follow up as VA remains stable."

ATP Submitted to Statewide UMMD for further review.

(For UM use only)

**UM Disposition**

---

**EXHIBIT**

T

**NAME: ROSE, DAVID BERNARD.**

**NUMBER:**

# NEXTGEN

HEALTHCARE INFORMATION SYSTEMS

PATIENT DAVID ROSE  
 DATE OF BIRTH 10/19/1974  
 DATE 05/27/2022 07:20 PM  
 DOC# 295681  
 VISIT TYPE Nurse Sick Call - Scheduled

## Nurse Visit

Reason for visit: eye patch

Statement of complaint (in patient's words): I need my eye patch replaced.

### Nurse Protocols:

### Medications

Medication	Sig	Comment
Biktarvy 50 mg-200 mg-25 mg tablet	take 1 tablet by oral route every day	
Lipitor 10 mg tablet	take one by mouth at bedtime	
Zyrtec 10 mg tablet	take one by mouth every morning	

### Social History:

Reviewed, no changes.

### General Comments

Patient alert , requesting for his eye patch to be replaced , presently there are no eye patches. Patient informed that once the patches come in his will be replaced, understanding voiced.

Document generated by: Ernest K. Massalla, RN 05/28/2022 11:37 AM



**ADDENDUM**

**FACILITY: Maryland**

**SITE: THRESHOLD**

**COMPLETED BY: Sandra J. Boettinger, UMRN on 07/12/2022**

---

**Patient: DAVID ROSE**

**ID#: 295681**

**DOB: 10/19/1974**

**Statewide UMMD ATP 07/12/2022 : "Case reviewed, agree with ATP recommendation for or site ophthalmology follow up as VA remains stable."**

**(For UM use only)**

**UM Disposition**

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**EXHIBIT**

tabbies

**V**

**NAME: ROSE, DAVID BERNARD.**

**CONSULTATION****SITE: NBCI****COMPLETED BY: Asresahegn Getachew, RMD****07/26/2022 9:46 PM****NEXTGEN**

HEALTHCARE INFORMATION SYSTEMS

**PATIENT:****DAVID BERNARD ROSE****DATE OF BIRTH:****Patient DOB: 10/19/1974****DOC #****295681****DATE****07/26/2022 9:46 PM****VISIT TYPE:****Chart Update**

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

**Consultation Orders**

Visit Location	Request Type	Site	Outpatient Date	Release Date	Cost Center	Incarceration Date
----------------	--------------	------	-----------------	--------------	-------------	--------------------

Off-site		NBCI				
Off-site	Routine					

Phone	Fax	Action Requested	Action Requested 2	Responsible Party	Service Type	Provider
		Wilmer eye clinic for removal of dislocated lens				
		GES Retina		Wilmer Eye Clinic / Ophthalmology		

Visit Type	Follow Up #	Multiple Visit	Med Provider	Provider Date	Med Director	Director Date
------------	-------------	----------------	--------------	---------------	--------------	---------------

F/U	3					
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# Treatments	Exam Data/Objective Findings	Proceed w Service	Alternative Treatment Plan
	The patient is 47-year-old with dislocated IOL. He was evaluated at Wilmer eye clinic and they note IOL is broken and displaced inferiorly. No retinal detachment. The ophthalmologist recommended removal of IOL , PPV	N	N

**EXHIBIT****W**

tabbies

**CONSULTATION****SITE: NBCI****COMPLETED BY: Asresahegn Getachew, RMD 07/26/2022 9:46 PM**

and sutured IOL.

I am submitting consult for removal of IOL, PPV and suture IOL.

N

N

<b>Diagnosis 1</b>	<b>Code 1</b>	<b>Status 1</b>	<b>Diagnosis 2</b>	<b>Code 2</b>	<b>Status 2</b>
--------------------	---------------	-----------------	--------------------	---------------	-----------------

<b>Diagnosis 3</b>	<b>Code 3</b>	<b>Status 3</b>	<b>Diagnosis 4</b>	<b>Code 4</b>	<b>Status 4</b>
--------------------	---------------	-----------------	--------------------	---------------	-----------------

<b>Onset Date</b>	<b>Signs and Symptoms</b>	<b>Lab &amp; Xray Data</b>	<b>Failed Outpatient Therapy</b>
-------------------	---------------------------	----------------------------	----------------------------------

This is a 47yo AAM with pmhx of HLD, Chronic Rhinitis, HIV+ over 17yrs now on Bictarvy who presents for scheduled provider visit. On 05/02/2022 he was evaluated by Wilmer Eye at JHH and was found to have stable dislocated IOL (intraocular lens) in the right eye. No visible retinal detachment. Recommended to schedule with GES Retina. Visual Acuity on the left is 20/20 using Snellen Eye Chart. Right eye is blurred, only sees shadow. Will generate consult.

**Utilization Management**

<b>M&amp;R</b>	<b>Interqual</b>	<b>Other</b>	<b>Other Source</b>	<b>Visit Appt</b>	<b>Criteria Met</b>	<b>Rec. # Visits</b>
N	N	N			Pending	
N	N	N			Pending	

<b>Notes</b>	<b>UM Review #</b>	<b>Reviewer Name</b>	<b>Reviewer Date</b>
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**Medications**

Medications (active prior to today)

**CONSULTATION****SITE: NBCI****COMPLETED BY: Asresahegn Getachew, RMD 07/26/2022 9:46 PM**

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
Biktarvy 50 mg-200 mg-25 mg tablet	take 1 tablet by oral route every day	05/11/2022	09/07/2022		N
Zyrtec 10 mg tablet	take one by mouth every morning	07/25/2022	11/21/2022	07/25/2022	N
Lipitor 10 mg tablet	take one by mouth at bedtime	07/25/2022	11/21/2022	07/25/2022	N
Zyrtec 10 mg tablet	take one by mouth every morning	07/25/2022	11/21/2022	07/25/2022	N

*Provider: Asresahegn Getachew, MD**Document generated by: Asresahegn Getachew, RMD 07/26/2022 09:48 PM*

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.*

**CONSULTATION****SITE: NBCI****COMPLETED BY: Asresahegn Getachew, RMD 07/27/2022 6:55 PM****NEXTGEN**

HEALTHCARE INFORMATION SYSTEMS

PATIENT	DAVID BERNARD ROSE
DATE OF BIRTH:	Patient DOB: 10/19/1974
DOC #:	295681
DATE:	07/27/2022 6:55 PM
VISIT TYPE:	Chart Update

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

**Consultation Orders**

Visit Location	Request Type	Site	Outpatient Date	Release Date	Cost Center	Incarceration Date
----------------	--------------	------	-----------------	--------------	-------------	--------------------

Off-site		NBCI				
Off-site		NBCI				
Off-site	Routine					

Phone	Fax	Action Requested	Action Requested 2	Responsible Party	Service Type	Provider
		Retinal evaluation at Wilmer eye clinic before removal of dislocated lens				
		GES Retina	Wilmer Eye Clinic / Ophthalmology			

Visit Type	Follow Up #	Multiple Visit	Med Provider	Provider Date	Med Director	Director Date
------------	-------------	----------------	--------------	---------------	--------------	---------------

F/U 3

# Treatments Exam Data/Objective Findings

Proceed w  
ServiceAlternative  
Treatment**EXHIBIT**

X



**CONSULTATION****SITE: NBCI****COMPLETED BY: Asresahegn Getachew, RMD****07/27/2022 6:55 PM****Plan**

The patient is a 47-year-old with a history of HIV disease, which needs the removal of dislocated IOL. The Wilmer ophthalmologist recommends retinal evaluations at Wilmer eye clinic by a Retinal specialist to decide how to approach the removal of dislocated IOL. I called and discussed with the JHH ophthalmologist and requested if they could do the retinal evaluation and do the surgery on the same day. The ophthalmologist said this could not be done on the same day and recommended a pre-surgery assessment. I am submitting pre-IOL removal retinal evaluation at Wilmer eye clinic.

N

N

N

N

N

N

Diagnosis 1	Code 1	Status 1	Diagnosis 2	Code 2	Status 2
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Diagnosis 3	Code 3	Status 3	Diagnosis 4	Code 4	Status 4
-------------	--------	----------	-------------	--------	----------

Onset Date	Signs and Symptoms	Lab & Xray Data	Failed Outpatient Therapy
------------	--------------------	-----------------	---------------------------

This is a 47yo AAM with pmhx of HLD, Chronic Rhinitis, HIV+ over 17yrs now on Bictarvy who presents for scheduled provider visit. On 05/02/2022 he was evaluated by Wilmer Eye at JHH and was found to have stable dislocated IOL (intraocular lens) in the right eye. No visible retinal detachment. Recommended to schedule with GES Retina. Visual Acuity on the left is 20/20 using Snellen Eye Chart. Right eye is blurred, only sees shadow. Will generate consult.

**CONSULTATION****SITE: NBCI****COMPLETED BY: Asresahegn Getachew, RMD 07/27/2022 6:55 PM****Utilization Management**

M&R	Interqual	Other	Other Source	Visit Appt	Criteria Met	Rec. # Visits
N	N	N			Pending	
N	N	N			Pending	
N	N	N			Pending	

**Notes****UM Review #****Reviewer  
Name****Reviewer Date****Medications**

Medications (active prior to today)

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
Biktarvy 50 mg-200 mg-25 mg tablet	take 1 tablet by oral route every day	05/11/2022	09/07/2022		N
Zyrtec 10 mg tablet	take one by mouth every morning	07/25/2022	11/21/2022	07/25/2022	N
Lipitor 10 mg tablet	take one by mouth at bedtime	07/25/2022	11/21/2022	07/25/2022	N
Zyrtec 10 mg tablet	take one by mouth every morning	07/25/2022	11/21/2022	07/25/2022	N

*Provider: Asresahegn Getachew, MD**Document generated by: Asresahegn Getachew, RMD 07/27/2022 06:56 PM*

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.*

PRISONER RIGHTS INFORMATION SYSTEM OF MARYLAND, INC.  
P.O. Box 929  
CHESTERTOWN, MARYLAND 21620

July 28, 2022

Darrin Mitchell, Associate Vice President of Operations  
YesCare Corporation  
7240 Parkway Drive, Suite 350  
Hanover, Maryland 21076

RE: David Rose, DOC# 295681, NBCI

Dear Mr. Mitchell:

This letter is in reference to the medical treatment YesCare is providing to David Rose. At this time, Mr. Rose is receiving inadequate medical care under the Eighth Amendment to the U.S. Constitution.

Mr. Rose is experiencing blindness and extreme pain in his right eye stemming from complications from cataract removal surgery in 2011. On October 4, 2021, an ophthalmologist at the Wilmer Eye Institute diagnosed Mr. Rose with a dislocated interocular lens and recommended he undergo surgery to remove the dislocated lens, to receive a pars plana vitrectomy, and to suture a replacement lens. This surgery requires up to date evaluations to ensure the proper treatment is provided.

Medical records dated December 8, 2021 provide that Mr. Rose was scheduled to undergo surgery in May 2022, and that an optometrist emailed the medical department requesting it be scheduled sooner than May. On May 19, 2022, Utilization Management denied Mr. Rose's surgery and provided as follows: "[Alternative Treatment Program]: Based on the information provided, medical necessity has not been demonstrated at this time. Consider on site ophthalmology follow up as [visual acuity] remains stable."

Mr. Rose's dislocated lens is currently being treated with pain medication and an eye patch. Failure to treat a dislocated lens may result in more severe conditions, including permanent blindness or a detached retina. PRISM's medical consultant, Cornealius Stamp, M.D., has advised that it is medically necessary Mr. Rose receives the prescribed reparative surgery immediately.

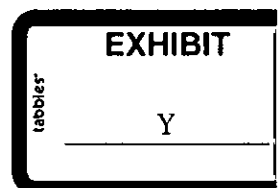
YesCare's current treatment plan constitutes deliberate indifference to Mr. Rose's serious medical condition and is in violation of Mr. Rose's right to receive adequate medical treatment under the Eighth Amendment. Accordingly, PRISM is prepared to assist Mr. Rose in pursuing legal action.

YesCare's immediate response to this letter indicating their decision in this matter will be appreciated.

Regards,



Victoria Devore, PRISM Staff Attorney  
(410) 528-1400 | vdevore@prisminc.org



**FACILITY: Maryland**

**SITE: THRESHOLD**

**COMPLETED BY: Sandra J. Boettinger, UMRN on 07/29/2022**

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**Patient: DAVID ROSE**

**ID#: 295681**

**DOB: 10/19/1974**

**UM Approval 07/29/2022: Approved for GES Retina Evaluation.**

**(For UM use only)**

**UM Disposition**

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**EXHIBIT**

**Z**

tabbles

**NAME: ROSE, DAVID BERNARD.**

**NUMBER**

## Johns Hopkins Hospital

<b>ROSE, DAVID</b>		MRN JH34838696	Gender M	DOB 1974-10-18
Phone (301)729-7392	SSN	Account #	Patient Class	Attending 912249 IVES VALENZUELA
Admitted		Discharged		

Admitting:

Primary Care:

Referring:

Consulting:

## Problems

Date	Code	Description	Type
No Records to Display			

## Report Information

Report ID:	Progress Notes (Transcription)	Status:	Final
Report ID: d77e8afc-39a5-38fa-b2e8-dccdf28fb5fe	Ordered By: 826522 LOKA THANGAMATHESVARA N	Ordered/Requested On:	
Result Report/Status Change: 2022-08-03	Ordered by Physician ID:	Body Site:	
Collected On:	Priority:	Specimen Source:	
Copy To:	Received On:	Interpreter:	
Observed On: 2022-08-03			

## Narrative

Attestation signed by Ives Antonio Valenzuela, MD at 8/3/2022 4:04 PM  
I discussed the patient with the Resident and agree with their note which accurately reflects my plan and management recommendations. In summary, 47yoM with dislocated IOL here for follow-up. Patient needs to see GES Retina for surgical planning OD. Found to have small drusen OS incidentally on OCT MAC today, also to be evaluated by retina next visit with FAF. Rest of plan as above. Date of service 08/03/2022  
Ives A. Valenzuela, MD  
Glaucoma Division  
Wilmer Eye Institute

## Problem List Items Addressed This Visit

Other  
Dislocated IOL (Intraocular lens) - Primary  
Overview  
9/16/2021 - First Wilmer Eval  
Notes remote hx of "scratch" to right eye in childhood & 10 years old, denies this eye being "weak eye".  
He does not know when he developed cataract right eye but notes it was removed 2010 (Dr. Summerfield (Bon Secour)) and reports uncomplicated surgery  
Initial complaints right eye started 6/2021, treated with mydriatic agents  
UBM 9/16/2021 shows posterior displaced IOL with highly reflective opacities overlying the Intraocular lens OD.  
IOL calcs show similar AL both eyes  
Current Assessment and Plan  
Stable, dislocated IOL in left eye  
No visible retinal detachment  
Commented with Retina Fellow who recommends next available appointment with GES Retina (patient keeps getting scheduled for regular GES please ensure he gets a GES retina appt next time for combined IOL removal + PPV + sutured IOL)  
Discussed with: Dr. Valenzuela  
Drusen  
Current Assessment and Plan  
Small drusen left eye, OCT shows drusen with no underlying CNV. Disruption of EZ zone.  
Patient asymptomatic, no family history of inherited retinal conditions, not symptomatic.  
However given young age and development of drusen, will need to be monitored.  
-- recommend FAF and OCT retina at next visit  
-- further evaluation at GES retina.

EXHIBIT

AA

**NAME** DAVID ROSE  
**DATE OF BIRTH** 10/19/1974  
**MRN** 295681  
**DATE** 08/05/2022 10:58 AM  
**LOCATION** Chronic Care Nurse Prep

Established patient

**History of Present Illness:**

1. 199

Assisted provider with physical exam of patient. Verbal permission was given to be seen by provider via telemedicine. Pt ambulated steadily and independently into exam room. Pt is alert and oriented x 3, calm and cooperative with care. Lungs sound clear and no dyspnea is noted on exertion or at rest. Apical pulse is regular. Bowel sounds present in all 4 quads. Pt denies constipation, diarrhea, or difficulty urinating. Skin is warm, dry, and intact. Pt complains of headaches daily. consult placed for ophthalmology visit. He will be seen again in 4 weeks.

**PROBLEM LIST:**

Problem Description	Onset Date	Chronic	Clinical Status	Notes
HIV	08/05/2022	Y		The patient has history of HIV and he is on Biktarvy with good immunologic and virologic response. On 6/6/2022 HIV viral load undetectable and absolute CD4 count 939

**Problem List (not yet mapped to SNOMED-CT®):**

Problem Description	Onset Date	Notes
Hiv Disease	11/03/2008	

**Social History:**

Reviewed, no changes.

**Medications (active prior to today)**

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
Biktarvy 50 mg-200 mg-25 mg tablet	take 1 tablet by oral route every day	05/11/2022	09/07/2022		N
Zyrtec 10 mg tablet	take one by mouth every morning	07/25/2022	11/21/2022	07/25/2022	N
Lipitor 10 mg tablet	take one by mouth at bedtime	07/25/2022	11/21/2022	07/25/2022	N
Zyrtec 10 mg tablet	take one by mouth every morning	07/25/2022	08/05/2022	07/25/2022	N

**EXHIBIT**

BB

## Allergies

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN DRUG ALLERGIES			

11/11/21

## Height

Time	ft	in	cm	Last Measured	Height Position	Measured By
9:59 AM	5.0	8.00	172.72	12/08/2021	0	Lori Keister, LPN

## Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m2	BSA m2	Measured By
9:59 AM	182.00		82.554	dressed with shoes	27.67		Lori Keister, LPN

## Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
9:59 AM	128/83	sitting	left	arm	automatic	adult	Lori Keister, LPN

## Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
9:59 AM	97.2	36.2	ear	83	regular	16	Lori Keister, LPN

## Pulse Oximetry/FIO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe	Measured By
9:59 AM	94		RA		Pre-tx				R Index	Lori Keister, LPN

## Pain Scale

Time	Pain Score	Method	Measured By
9:59 AM	0	Numeric Pain Intensity Scale	Lori Keister, LPN

## Medications (Added, Continued or Stopped this visit)

Started	Medication	Directions	Instruction	Stopped
05/11/2022	Biktarvy 50 mg-200 mg-25 mg tablet	take 1 tablet by oral route every day		09/07/2022
07/25/2022	Lipitor 10 mg tablet	take one by mouth at bedtime		11/21/2022
07/25/2022	Zyrtec 10 mg tablet	take one by mouth every morning		08/05/2022
07/25/2022	Zyrtec 10 mg tablet	take one by mouth every morning		11/21/2022

Date Placed	Time Placed	Site	Side	Date Read	Time Read	Result
10/26/2014	8:43 AM	2RA	Right	10/28/2014		0 mm
10/09/2013	12:01 PM			10/11/2013		0 mm

ROSE, DAVID BERNARD. 1447184 10/19/1974 08/05/2022 10:58 AM 2/3

10/22/2012	10:27 AM			10/24/2012	0 mm
11/23/2011	1:56 PM			11/25/2011	0 mm
10/18/2011	8:29 AM			10/20/2011	0 mm
10/26/2010	8:57 AM	LA	Left	10/28/2010	0 mm
11/10/2009	2:12 PM	RA		11/12/2009	0 mm
11/10/2009	3:15 PM	LA		11/12/2009	0 mm
				10/05/2018	
				10/14/2015	
				10/19/2016	
				10/10/2017	

Date Placed	Time Placed	Date Read	Dose	Units	Exp Date	Manufacturer	Lot #
10/26/2014	8:43 AM	10/28/2014	0.1	mL	01/28/2016	JHP Pharmaceuticals	717238
10/09/2013	12:01 PM	10/11/2013	0.1	mL			
10/22/2012	10:27 AM	10/24/2012	0.1	mL			
11/23/2011	1:56 PM	11/25/2011	0.1	mL			
10/18/2011	8:29 AM	10/20/2011	0.1	mL			
10/26/2010	8:57 AM	10/28/2010	0.1	mL	09/05/2011	JHP Pharmaceuticals	134223
11/10/2009	2:12 PM	11/12/2009	0.1	mL	11/30/2010	JHP Pharmaceuticals	111057
11/10/2009	3:15 PM	11/12/2009	0.1	mL	11/30/2010	JHP	111057
		10/05/2018	0.1	mL			
		10/14/2015	0.1	mL			
		10/19/2016	0.1	mL			
		10/10/2017	0.1	mL			

**Provider:**

Getachew, MD, Asresahegn 08/08/2022 10:02 AM

Document generated by: Lori Keister, LPN 08/08/2022 10:02 AM



**CONSULTATION****SITE: NBCI****COMPLETED BY: Asresahegn Getachew, RMD****08/05/2022 4:46 PM****NEXTGEN**

HEALTHCARE INFORMATION SYSTEMS

**PATIENT:****DAVID BERNARD ROSE****DATE OF BIRTH****Patient DOB: 10/19/1974****DOC #****295681****DATE****08/05/2022 4:46 PM****VISIT TYPE:****Provider Visit-scheduled**

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

**Consultation Orders**

Visit Location	Request Type	Site	Outpatient Date	Release Date	Cost Center	Incarceration Date
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Off-site		NBCI				
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Off-site		NBCI				
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Off-site		NBCI				
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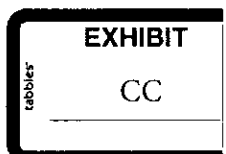
Off-site	Routine					
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Phone	Fax	Action Requested	Action Requested 2	Responsible Party	Service Type	Provider
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Retinal evaluation at Wilmer eye clinic GES retinal evaluation and removal of IOL Wilmer eye clinic for removal of dislocated lens						
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GES Retina	Wilmer Eye Clinic / Ophthalmology					
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Visit Type	Follow Up #	Multiple Visit Tx	Med Provider	Provider Date	Med Director	Director Date
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## CONSULTATION

SITE: NBCI

COMPLETED BY: Asresahegn Getachew, RMD 08/05/2022 4:46 PM

F/U 3

# Treatments	Exam Data/Objective Findings	Proceed w Service	Alternative Treatment Plan
	<p>The patient is a 47-year-old with a history of HIV disease, which needs the removal of dislocated IOL. The Wilmer ophthalmologist recommends retinal evaluations at Wilmer eye clinic by a Retinal specialist to decide how to approach the removal of dislocated IOL. I called and discussed with the JHH ophthalmologist and requested if they could do the retinal evaluation and do the surgery on the same day. The ophthalmologist said this could not be done on the same day and recommended a pre-surgery assessment. I am submitting pre-IOL removal retinal evaluation at Wilmer eye clinic.</p>	N	N
	<p>Dislocated IOL: Patient was evaluated at Wilmer eye clinic (JHH) . I reviewed the consultant report they recommended GES retinal appointment for combined IOL removal+ PPV+ sutured IOL)</p> <p>I am submitting consult as per recommendation of per ophthalmologist recommendation. Please include the consultant recommendation with the consult</p>	N	N
	<p>The patient is 47-year-old with dislocated IOL. He was evaluated at Wilmer eye clinic and they note IOL is broken and displaced inferiorly. No retinal detachment. The ophthalmologist recommended removal of IOL , PPV and sutured IOL. I am submitting consult for removal of IOL, PPV and suture IOL.</p>	N	N
	<p>This is a 47yo AAM with pmhx of HLD, Chronic Rhinitis, HIV+ over 17yrs now on Bictarvy who presents for scheduled provider visit. On 05/02/2022 he was evaluated by Wilmer Eye at JHH and was found to have stable dislocated IOL (intraocular lens) in the right eye. No visible retinal detachment. Recommended to schedule with GES Retina. Visual Acuity on the left is 20/20 using Snellen Eye Chart. Right eye is blurred, only sees shadow. Will generate consult.</p>	N	N

**CONSULTATION****SITE: NBCI****COMPLETED BY: Asresahegn Getachew, RMD 08/05/2022 4:46 PM**

Diagnosis 1	Code 1	Status 1	Diagnosis 2	Code 2	Status 2
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Diagnosis 3	Code 3	Status 3	Diagnosis 4	Code 4	Status 4
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Onset Date	Signs and Symptoms	Lab & Xray Data	Failed Outpatient Therapy
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This is a 47yo AAM with pmhx of HLD, Chronic Rhinitis, HIV+ over 17yrs now on Bictarvy who presents for scheduled provider visit. On 05/02/2022 he was evaluated by Wilmer Eye at JHH and was found to have stable dislocated IOL (intraocular lens) in the right eye. No visible retinal detachment. Recommended to schedule with GES Retina. Visual Acuity on the left is 20/20 using Snellen Eye Chart. Right eye is blurred, only sees shadow. Will generate consult.

**Utilization Management**

<b>M&amp;R</b>	<b>Interqual</b>	<b>Other</b>	<b>Other Source</b>	<b>Visit Appt</b>	<b>Criteria Met</b>	<b>Rec. # Visits</b>
N	N	N			Pending	
N	N	N			Pending	
N	N	N			Pending	
N	N	N			Pending	

<b>Notes</b>	<b>UM Review #</b>	<b>Reviewer Name</b>	<b>Reviewer Date</b>
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**SITE: NBCI**

**COMPLETED BY: Asresahegn Getachew, RMD 08/05/2022 4:46 PM**

**Medications**

Medications (active prior to today)

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
Biktarvy 50 mg-200 mg-25 mg tablet	take 1 tablet by oral route every day	05/11/2022	09/07/2022		N
Zyrtec 10 mg tablet	take one by mouth every morning	07/25/2022	11/21/2022	07/25/2022	N
Lipitor 10 mg tablet	take one by mouth at bedtime	07/25/2022	11/21/2022	07/25/2022	N
Zyrtec 10 mg tablet	take one by mouth every morning	07/25/2022	08/05/2022	07/25/2022	N

*Provider: Asresahegn Getachew, MD*

*Document generated by: Asresahegn Getachew, RMD 08/05/2022 04:50 PM*

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.*



8/10/22

Prisoner Rights Information System of Maryland, Inc.  
PO Box 929  
Chestertown, Maryland 21620



Dear Prisoner Rights Information System of Maryland, Inc.,

Thank you for the inquiries regarding patient David Rose, DOC# 295681. Currently, he is at North Branch Correctional Institution (NCBI) in Cumberland, MD. After a review of your correspondence, we have found the summary to be incorrect. Please see below response:

Mr. Rose has a history of traumatic cataract and was noted to be experiencing blindness and extreme pain in his right eye stemming from complications from cataract removal surgery in 2011.

A consult was received by the onsite ophthalmology provider for the patient to be evaluated for surgical repair with sutured intraocular lens for the right eye. This was approved and the patient was seen at the Wilmer eye clinic on October 4, 2021. He was diagnosed with a dislocated intraocular lens and recommended he undergo surgery to remove the dislocated lens, to receive a pars plana vitrectomy, and to suture a replacement lens. This surgery requires up to date evaluations to ensure the proper treatment is provided. The consult was approved and per the notes in the scheduling system, the patient was scheduled by Wilmer clinic for May 2022 despite the consult having been approved in October 2021. Of note, there was another consult entered into CAREs on October 29<sup>th</sup> 2021 for the patient to be evaluated prior to surgery and this was approved as well.

Notes indicate that the patient was scheduled for a retina specialist evaluation on 05/02/2022 at the Wilmer clinic with recommendations to have eye dilation completed prior to surgery.

On May 18 2022, a consult for GES retina evaluation was placed and this consult was given an alternative treatment plan which noted that the retina evaluation procedure could be completed by the onsite ophthalmologist. The actual surgery for the IOL was not denied and as noted earlier, the surgery was already approved. The case was discussed with the site team during a case review and the site team was asked to reach out to the provider at the Wilmer clinic to see if this procedure could be completed by a YesCare onsite ophthalmologist or if the procedure could be completed on the same day as the surgery. Per the site provider, the provider at the Wilmer clinic stated that the preference is that the procedure is completed on a different date. The site provider subsequently submitted a new consult and this was approved and the procedure was scheduled for August 3<sup>rd</sup> at 2pm. The patient is currently pending a surgery date from the Wilmer clinic. Please note that the delays in this patient's care were not caused by the YesCare team as the surgery was approved since October 2021 however the patient was not given an evaluation date until over 7 months later.

If PRISM's medical consultant, Cornealius Stamp, M.D., has any further questions about the care that Mr. Rose has received thus far or have additional questions regarding the approval process, I would be happy to schedule a peer to peer conversation to discuss further.

Sincerely,

Solaide Akintade, MD MPH  
UM Medical Director  
YesCare

**FACILITY: Maryland**

**SITE: THRESHOLD**

**COMPLETED BY: Sandra J. Boettinger, UMRN on 08/12/2022**

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**Patient: DAVID ROSE**

**ID#: 295681**

**DOB: 10/19/1974**

UM ATP 08/12/2022: "ATP: Based on the information provided, medical necessity has not been demonstrated at this time.

Necessity for retinal evaluation prior to surgery is not as surgery is not indicated .

Stable chronic dislocated IOL. BCVA in both eyes is 20/20.

Indications for surgery are glaucoma or uveitis/ retinal detachment.

None is evident.

Consider continued annual exam at site with ophthalmology.

<https://www.eyeworld.org/2022/spontaneous-lens-dislocation/>"

**ATP Submitted to Statewide UMMD for further review.**

**(For UM use only)**

**UM Disposition**

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**EXHIBIT**

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**NAME: ROSE, DAVID BERNARD.**

**ARRANGED.**

**FACILITY:** Maryland

**SITE:** THRESHOLD

**COMPLETED BY:** Sandra J. Boettinger, UMRN on 08/12/2022

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**Patient:** DAVID ROSE

**ID#:** 295681

**DOB:** 10/19/1974

**UM Approval 08/12/2022:** Approved for GES retinal evaluation.

(For UM use only)

**UM Disposition**

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**EXHIBIT**

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**NAME:** ROSE, DAVID BERNARD.

**NUMBER:**





Department of Public Safety and Correctional Services  
Ophthalmology Visit

Inmate's Last, First Name	ROSE, David	SID/DOCH	295681	Facility	ABC-I
Referring Dr	PCP	Initial Consultation		Follow-Up	

Chief Complaint:

HPI: 47 yrs old

fx Subluxed 3-4 cataract

See @ Wilmer eye 3 times

has plans to see a retina specialist

Ocular Meds: ~~1% Myd~~ 1% Myd

atropine daily OD

wears eye patch

Systemic Meds: Zyrtec / Lipitor

Allergies: NKDA		VSC: 20 25		W	A	Oriented x3: Y N
VCC	M	Rx	TA 12	Time 9:38 AM		

Physical Exam:

Confrontation of VF	NL	AB	Description of Abnormalities
Motility			
External & Adnexa			
Pupils			
Conjunctiva			
Cornea			
Anterior Chamber			
Iris			
Lens			
Fundus:			
Dilated:			
1% Myd			
2% Neo			
Tech: C Z			
Disc			
Vessels			
Macula			
Periphery			
Vitreous			

IMPRESSION/PLAN:

Subluxed IOL OD -- plans for surgery / likely Subluxed IOL OD.

ASC to Wilmer

[ ] Anular Gnd

[ ] BSM/AT/OP Control

[ ] Surgery R/S/A Discussed

[ ] Discussed signs/symptoms retina tear and detachment in detail

Return: 3 days / weeks / mos / years / PRN

Signature

Date: 8/12/22

DPSCS Form OTS 130-130-2

EXHIBIT

GG